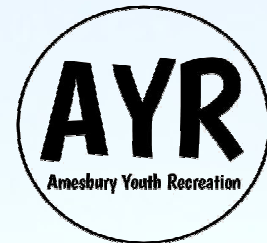




# Amesbury Youth Recreation

## ELEMENTARY After School Program

### 2016-2017



September 6—June 15

Amesbury Elementary School & Cashman Elementary School

Open to all 1st-4th graders

3pm-6pm

#### Payment options

1 Day Week	2 Day Week	3 Day Week	4 Day Week	5 Day* Week	Drop In* Rate
\$88/month	\$150/month	\$192/month	\$208/month	\$260/month \$10 sibling discount available	\$25/day

#### Drop In students:

Must have registration form on file at the Recreation office 24 hrs. before your child attends as a drop in. Payment must be made before your drop in date, unless previous arrangements have been made with Rec. office.

**Program is held on Professional Release Time (PRT) days beginning at 1pm!**

**If your child does not regularly attend on scheduled PRT day they may DROP IN for \$35/day!**

**Payment is due by the 1st of the month every month.**

**Late payments will incur a \$10 late fee.**

**Ask about our Vacation Programs running during February and April vacation!**

#### Program Information

-3pm arrival

-Healthy Snack\*

-Playground/outdoor activities

- Daily homework time

- Reading Rewards Program

-Arts & Crafts/Indoor Games

5:40-6pm Clean up/pick up

**Program is held on Professional Release  
Time Days beginning at 1pm!**

#### **\*We're NUTS about allergy safety!**

Please let us provide the snacks for your child during this program. We check all labels and provide ONLY allergy friendly snacks to our program participants. Please respect our request to not provide a snack for your child for after-school consumption.



If your child has celiac or has extreme allergy concerns, contact the program supervisor and request to provide your own healthy snack!

**REGISTRATION FORM ON BACK OF THIS SHEET**

**Min. 24 hours registration processing time.**

**After School Program Services will not be provided**

◇ In the event of school cancellation

◇ School holidays

◇ Early dismissal the day before Thanksgiving break\*

# Elementary After School Program Registration Form 2016-2017

AES \_\_\_\_\_ or CES \_\_\_\_\_

Payments due by the first day of the month or \*\* \$10 Late fee will be charged \* Please choose days of week ahead of time  
 Payment options: \_\_\_\_\_ 5 Days (\$260/mo.) \_\_\_\_\_ 4 days (\$208/mo.) \_\_\_\_\_ 3 Days (\$192/mo.) \_\_\_\_\_ 2 Days (\$150/mo.) \_\_\_\_\_ 1 day (\$88/mo.) \_\_\_\_\_ \$25/day

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B. \_\_\_\_\_

Primary Guardian _____	Relationship _____	Primary Guardian _____	Relationship _____
Address _____	Home phone _____	Address _____	Home phone _____
Cell phone _____	Business Phone _____	Cell phone _____	Business Phone _____
E-mail _____		E-mail _____	

## YOU MUST COMPLETE THE EMERGENCY CONTACT SECTION AND SIGN THIS FORM BEFORE YOUR APPLICATION WILL BE PROCESSED !!

Should we be unable to contact you or your spouse in the event of an emergency, please list a different adult we may contact: (E.g.: Grandparent, aunt, etc)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Address (include city and state) \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Pager # \_\_\_\_\_  
 Please list all others who may have permission to pick up you child (include name and phone #)

Family/Child's Doctor: \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 Medical Insurance Company and Policy # \_\_\_\_\_  
 Allergies/special diets 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
 Special limitations or concerns \_\_\_\_\_ Chronic Health Conditions \_\_\_\_\_

\*Please Note: There is no nurse on duty- We do not administer medication except for assistance w/ epi-pens.  
 Participation in this sport /activity may involve risk of injury. As a parent, guardian or participant, I am aware of these hazards and my ability to participate. In consideration for participation in the program(s) listed above, I hereby for myself, my heirs, executors and administrators waive and release all rights and claims against the City of Amesbury, its officers, employees, agents, volunteers and supervisors, except in the case of sole negligence, from all losses, injury, damages, fees and other expenses, arising out of or in connection with participation in the activity. In addition, I give my permission for the agents, servants, employees, and officials to the City of Amesbury to use their sole discretion in seeking and providing treatment for the child(ren) by qualified medical personnel in the event that the above named parent/guardian cannot be reached at the phone numbers provided. I understand that refunds will not be available prior to 2 weeks of the start of the program. I understand that the program is **NUT Sensitive** and I will not provide my child with a snack or any other peanut related materials. I understand that my child(ren) can be dismissed from the program for violations of the behavior code. I agree to pay my fees each month and/or contact the Program Director if I will be late. I understand that my child(ren) can be dismissed from the program if my fees remain unpaid for over one month (without consent from the Program Director).

\_\_\_\_\_  
 PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
 Please check off if you do not want your child photographed/videotaped. These photos may be released to newspapers or used by the program.

Which days do you expect your child to attend?

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_  
 PLEASE MAKE CHECK PAYABLE TO: CITY OF AMESBURY, Please return form and payment to: Kathy Crowley-Youth Recreation Director, 68 Elm St. *If there is a change, please call or bring a note.*